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ABSTRACT

This study examined Toughlove, the controversial self-help organization for parents and out-of-control adolescents. Six small group Toughlove meetings containing an average of 8 members for each were observed, and questionnaires were completed by 75 Toughlove parents from 8 states. Variables examined include the roles of empathy, assertiveness training, separation, overcoming guilt, organizational influences, and the therapeutic process. Assertiveness training and community support were found to be key factors in the Toughlove process, and they were found to be effective in changing certain antisocial adolescent behaviors. Less important were the variables of separation, overcoming guilt, and organizational influences. A traditional therapeutic relationship played little part in the group's process. Parents' self-report inventories suggested significant reductions of nine of their children's antisocial behaviors between the month prior to joining Toughlove and the most recent month. Tasks for future research include the validation of parents' reports of their children's behavior, measures of assertiveness and self-esteem gained by group members, and a comparison of these results with those of a more traditional therapeutic approach. (LLL)

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A Preliminary Investigation of Toughlove:
Assertiveness and Support in a Parents' Self-Help Group

*Presented at 98th Annual Convention
of the American Psychological Association
at Boston, August 1990*

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ABSTRACT

This study made an initial examination of Toughlove, the controversial self-help organization for parents of out-of-control adolescents. Coded observations of six group meetings, and questionnaires returned by 75 Toughlove members in eight states, revealed that empathy (including sense of community) and assertiveness training (including informational support) are key factors in the group's process. Factor analysis supported this finding. Parents' self-report inventories suggested significant reductions of nine of their children's antisocial behaviors between the month prior to their having joined Toughlove and the most recent month. Regression analysis suggested certain high parental factor scores predict improvements in particular adolescent behaviors.

Toughlove is a self-help organization for parents of teenagers with disruptive, defiant, or drug-abusing behaviors; it reports having served some 350,000 participants in local chapters worldwide since its inception in 1978. Its founders assert that the organization has grown up in response to recent cultural changes that have compromised the child-rearing authority of American families and especially altered relationships between parents and their adolescents.

Supported by scientific literature, popular press accounts, and personal experience, David and Phyllis York argue that, since the late 1960s, the incidence and prevalence of adolescent substance abuse, pregnancy, runaways, criminal activities, and other antisocial and self-destructive behaviors have risen steadily (York & York, 1982). At the same time, parents are hamstrung by growing social and economic pressures which: 1) require that both parents produce an income; 2) encourage divorce and mobility; 3) isolate parents from traditional sources of support in extended family and larger community (Gartner & Reissman, 1979); and 4) condone drug abuse and self-indulgent behaviors in increasingly unsupervised adolescents.

In each family, they hold, these factors converge in an escalating series of disruptions. Shaped by a combination of cultural and personal factors, the inability of parents to respond consistently and appropriately to their children's experiments with antisocial behavior gives rise to further provocations, as the younger generation continues to test the limits of acceptable conduct and parents feel increasingly out of control.

The Toughlove view holds that with some adolescents, minor provocations meeting with no response--such as a refusal to participate in household tasks--are likely to escalate into delinquent behaviors such as verbal abuse, theft, physical assault, and drug abuse.

Both classic and contemporary studies have tended to confirm such a claim by demonstrating, for example, that erratic discipline by parents and unawareness of their sons' leisure-time activities correlate with delinquency in those boys (Glueck & Glueck, 1950); that inadequate parental supervision and discipline place adolescents of both genders at risk of adopting sociopathic behaviors as adults (Robins, 1966); that inconsistent discipline rewards and further stimulates antisocial aggression (Baumrind, 1970; Siegel & Kohn, 1959); and that inadequate parental monitoring with inconsistent follow-up predicts delinquent behaviors in adolescent boys (Patterson, DeBaryshe, & Ramsey, 1989).

One group of researchers, for example, collected school data, administered questionnaires and conducted interviews of boys and their parents, videotaped family

problem-solving sessions, and conducted home observations of some 200 4th-, 7th-, and 10th-grade boys and their families; the purpose of the study was to correlate with delinquency each of four family management skills: monitoring, discipline, problem-solving, and reinforcement. The investigators found that "disruptions in parental monitoring seem to play a central role" in concurrent delinquent behavior, with recidivists coming from families in which "the monitoring process was even more disrupted than for those only peripherally engaged". Inconsistency of discipline yielded the second highest correlation with antisocial behavior in children, with neither problem-solving nor reinforcement seeming to relate significantly with delinquency (Patterson & Stouthamer-Loeber, 1984).

EMPATHY: EMOTIONAL SUPPORT AND COMMUNITY

York and York claim that Toughlove provides a solution. They see the program as matching the adolescents' social network by creating a community of peers that offers support to besieged parents. If antisocial adolescent behavior thrives in an atmosphere of parental indecisiveness and isolation, then such behavior will decline, they argue, where parents have learned to impose limits on their children and to organize support from other parents--and agencies--in the community. Their literature is replete with interviews and other accounts providing anecdotal evidence of Toughlove's success (York & York, 1984).

These arguments draw support not only from the literature on parent-adolescent relations but also from the theoretical foundations of the burgeoning self-help movement, of which Toughlove is part. A century ago, Kropotkin invoked evolutionary necessity to explain the phenomenon of mutual aid--that which "secure[s] the maintenance of the species, its extension, and its further progressive evolution. The unsociable species, on the contrary, are doomed to decay." (Kropotkin, 1914)

In the last 25 years, qualitative studies and survey reports on a wide variety of modern self-help organizations have discussed their common characteristics; the most central appears to be the ability to give and receive emotional support in a community of concern with which each member identifies (Maton, 1988; Wollert, Levy & Knight, 1982).

"[P]sychologically bonded by the compelling similarity of member concerns" (Jacobs & Goodman, 1989), the groups are seen as providing the unique opportunity for "full, frank discussion among people who share the same basic problem and who, therefore, understand each other's problem as no outsider could" (Stichman & Schoenberg, 1972). Each member is both helper and helped, since "the caregiver has the same disability as the carereceiver . . . [and] a recipient of service can change roles to become a caregiver" (Silverman, 1970). Indeed, "as social distance diminishes," interactions take on a "style approximating friendship" (Abrahams, 1976; Maton, 1988). Thus self-help groups,

unlike traditional service-delivery organizations, "emphasize the power of their members to assist one another rather than depend on the help of professionals" (Vattano, 1972).

The very existence of the self-help group contradicts the feeling of isolation, by compelling each member to recognize the universality of the condition or problem for which reason the group exists (Ablon, 1974). The implicit empathy and emotional support members find there are seen as leading to "communal solidarity" (Killilea, 1976).

For the present research, the question was whether such processes may also be found to play a central role in Toughlove, an organization that remains unstudied. Based on my reading of Toughlove literature, observation of Toughlove meetings, and interviews with individual Toughlove members, I hypothesized that, represented along a continuum from individual acts of emotional support at one end, to members' pervasive identification with a community at the other, *empathy* would emerge as an important variable in the Toughlove process.

ASSERTIVENESS TRAINING AND INFORMATIONAL SUPPORT

The literature also identifies *information*, including "anticipatory guidance on expectable problems," as an important element in almost all self-help organizations (Killilea, 1976; Lieberman & Borman, 1979; Maton, 1988). "What constitutes 'help' is often a new definition of the problem and specific information about practicalities learned through experience and shared with others because it 'works'" (Killilea, 1976). In self-help groups as varied as Al-Anon and La Leche League, "[t]he sharing of strategies . . . provides alternatives for the new member to consider, to choose for use . . . or to reject" (Ablon, 1974). Like *emotional support*, *information* is also seen as related to outcome, and a combination of support and information "relates more highly to outcome than either alone" (Ladas, 1971).

In Ladas' study, more than a thousand women--members and nonmembers of La Leche League--responded to questionnaires probing the quantity and quality of information and support they had received about breastfeeding, and the success of their breastfeeding efforts. Results indicated that women who received either information or support (in individual or group forms) were significantly more likely to breastfeed--and were more comfortable about it--than were those who received neither. Furthermore, Ladas found additional significance in differences between the group which received either information or support, and the group which received both.

The work of Ablon, Killilea, and others has found that the provision of informational support is correlated with gains in assertiveness. Ladas (1971), for example, reviews the research of educational psychologists who link the "correctness and usefulness" of information, the "specific instructions on how to put it to use", and similar

aspects of informational support, to increases in the confidence with which subjects behave.

Yet missing from the self-help literature is an identification of assertiveness training, as such, as a factor operating in these groups. More remarkable is the absence of any such explicit discussion in the Toughlove literature, since it is reasonable to see the program as helping parents to substitute an assertive for a nonassertive style.

In its own literature, assertiveness is defined as "standing up for personal rights and expressing thoughts, feelings, and beliefs in direct, honest, and appropriate ways which do not violate another person's rights" (Lange & Jakubowski, 1976). The efficacy of assertiveness training as a clinical treatment has been verified by empirical research with anxious college students (Hedquist & Weinhold, 1970), neuropsychiatric inpatients (Booraem & Flowers, 1972), and others.

In one study, sixteen mothers with marital and parenting problems underwent group assertiveness training in which they received tokens with different colors discriminating between assertive, nonassertive, and aggressive behaviors they had recounted or displayed in the group. In addition, assertive alternatives were modeled for the mothers, who were then given an opportunity to rehearse them. Finally, each subject was given a behavioral assignment to complete between sessions, and each week received a "support-feedback" phone call from another member. By rating the subjects' verbalizations and scoring their responses to scales that measured both assertiveness and children's behavior, researchers found significant increases in their assertiveness, decreases in nonassertiveness, and a post-treatment perception that their children's behavior had improved (Shoemaker & Paulson, 1976).

But confirming a point made by the Yorks, researchers see the development of a youth-oriented culture--with its focus on the independence of young consumers and a concomitant isolation among parents--as discouraging the assertive expression of adult authority, in some cases rendering parents "mere bystanders in children's lives . . . stripped of any real power to influence children's physical, emotional, and intellectual well being" (Silberman & Wheelan, 1980). Nonassertive parents are likely to "have strong feelings about children's actions or requests, but are fearful of *acting* on these feelings. Consequently, when children test adult authority they cannot find clear limits" (Silberman & Wheelan, 1980). Hence the cycle of escalation which Toughlove seeks to correct--presumably by offering assertiveness training, regularly if informally, as part of its process.

Perhaps the self-help literature recognizes this training implicitly, as when the self-help group is said to "demonstrate that action is feasible, and that the goal is attainable" (Toch, 1965). "Building a fire" under group members is described as "one of the most important ways of overcoming feelings of guilt, anxiety, helplessness and defeat" (Katz, 1963). It may be, in fact, a spontaneous form of assertiveness training which is understood to transform new group members into "emotional activists" (Bender, 1971).

Therefore, my second hypothesis was that, since Toughlove parents are encouraged to confront their teenagers' disruptions, and are provided with models, information, and strategies for doing so, assertiveness training and informational support would prove to be another important variable within the Toughlove context.

OTHER VARIABLES

Based on my observations and interviews, a number of other issues gradually emerged. Parents spoke about the importance to them of separating emotionally from their adolescents, thus allowing their children to face the consequences of their own actions, and allowing themselves to reduce the "fixing" behaviors which become disruptions in their own right.

Overcoming a sense of guilt or shame was also said to be important, as was the recognition of the Toughlove organization's authority and tradition. Finally, parents frequently distinguished the Toughlove experience, with its particular benefits, from that of traditional therapy, with which many are familiar.

Based on these reports, consequently, my third hypothesis was that the processes of *separating emotionally, overcoming guilt, and recognizing structural influences* would emerge as important variables, just as a *traditional therapeutic relationship* would be found to play little, if any, part in the Toughlove process.

BEHAVIORAL IMPROVEMENT

Research into the Toughlove experience becomes an interesting hybrid, as it seeks a point of synthesis among studies of parent-adolescent relations, assertiveness training, and self-help. Drawing on these literatures, I hypothesized, finally, that the antisocial behaviors of members' children would decline as a result of the training and support their parents received in Toughlove.

To date, regrettably, there have been "only a handful of empirical research studies in the self-help area, and apparently no studies at all that linked salient social and organizational variables to well-being" (Maton, 1988). This dearth may be due to a "common misperception" that self-help groups reject the involvement of researchers (Jacobs & Goodman, 1989). But in the present inquiry, the Toughlove groups and individual members studied could hardly have been more interested or cooperative.

METHOD

The Sample

This study made use of data from both groups and individual subjects. At sites in two New England states, six small-group Toughlove meetings containing an average of eight members each were used for purposes of observation; meetings were tape recorded and transcribed. These meetings served communities ranging from urban blue-collar to suburban middle-class.

Individual subjects were recruited at regional and national workshops, where I explained the purpose and design of the research, answered questions, and circulated a sign-up sheet. I then mailed questionnaires, instructions, consent forms, and cover letters, with return envelopes, to the one hundred and ten Toughlove parents who had indicated their willingness to participate.

Procedure

Over the course of several months, I informally observed weekly Toughlove meetings, which follow a common format. In the first third of the meeting, the membership divides into small groups, where each participant informs the others of events which have occurred at home during the past week. Included here is a description of the member's weekly plan of action--or "bottom line"--adopted at the previous meeting, and his or her assessment of its success. For two weeks, newcomers meet separately in orientation sessions. Informal leaders of all small groups keep track of time so that the second part of the meeting may begin promptly.

Here, the entire membership gathers for the usual purpose of conducting business or hearing a speaker. Occasionally this second portion is devoted to a public assessment of a child's situation in the event the parent needs to gain perspective, or to a session of "brainstorming" if someone is coping with a crisis that warrants the input of the entire membership.

For the third section of the meeting, participants return to their small groups in order to set new bottom lines for the week ahead. Often, this involves the group's modeling more appropriate or effective approaches to a member's child, and an opportunity for the member to rehearse the modeled behavior. This behavior, then, may become the member's weekly homework assignment--the "bottom line". In some communities, members reconvene again briefly in the large group in order to review

bottom lines. When the meeting is over, people often socialize or browse at a literature table.

Based on these observations, on a reading of Toughlove materials, and on several informal interviews with individual Toughlove members, I proposed several types of interaction that should become the focus of coded observations. The central research question became: How frequently would members demonstrate, express, or recount the following potential process variables?

- 1) providing empathy (including emotional support and sense of Toughlove community);
- 2) encouraging assertiveness (including sharing behavioral approaches and other information);
- 3) urging another member to separate emotionally from his or her adolescent;
- 4) helping other parents to overcome a sense of guilt or shame;
- 5) reflecting or invoking the influence of the larger Toughlove organization; and
- 6) recognizing the current impact of formative experiences, or depending on a leader to gain insight, as in traditional therapeutic settings.

I devised operational definitions and several exemplars of each variable, as follows:

- 1) empathy (including support and community)
 - a) a member reaches out to another (through phone calls, offers of future support, discussions of past support, accompaniment, interaction with another member's child)
 - b) a member offers verbal validation of another member's experience
 - c) a member offers verbal confirmation of another member's feelings
 - d) a member praises another member
 - e) a member makes reference to the group's family-like atmosphere
 - f) a member expresses his or her identity as a local group member

g) a member makes reference to his or her role as a Toughlove member in the larger community

2) assertiveness training (including information)

a) a member encourages another member to set a limit or impose a consequence on his or her child

b) a member encourages another member to get his or her spouse involved

c) a member encourages another member to acknowledge his or her rights and to stand up for them at home

d) a member provides another member with referrals, or names and addresses of resources

e) a member shares ideas and approaches

3) separation

a) a member demonstrates a willingness to hold the child responsible for his or her actions

b) a member evidences that he or she is coming to view self and child as separate people

c) a member takes no credit for a child's good behavior

d) a member encourages such changes in another member

4) overcoming guilt

a) a member articulates his or her realization that no one in the group is judging him or her

b) a member articulates the realization that he or she is not to blame for a child's behavior (or is encouraged by another member to so realize)

c) a member evidences that he or she is growing comfortable delivering consequences

5) organizational influence

- a) a member makes reference to the group's dependable structure
- b) a member makes reference to being or feeling part of a larger movement

6) traditional therapeutic process

- a) a member evidences having discovered the personal meaning of a pattern of behavior
- b) a member evidences having discovered the childhood origins of one's adult behavior
- c) a member expresses the sense of a group leader having given him or her an insight about self

Employing this coding scheme, and working independently, three judges then rated transcripts of six Toughlove meetings to identify the frequencies with which such instances occurred. A unit of analysis could range from a single word or two (as when a parent demonstrates empathy by saying "I understand"), to a more extensive speech in which a parent shares a story of her own growth and development by way of validating another's experience.

(Working together prior to rating transcripts, the judges defined behavioral categories and agreed on examples of each. All three judges then rated a transcript independently, compared results, and refined the standards for future rating. Transcripts of every tape were rated by all three judges.)

In order to establish convergent validity, the study further required that parent subjects respond to a questionnaire which explored variables similar to those being coded by observers. The "Experience of Group Membership" questionnaire asked subjects to use a 5-point Likert-type scale to rate the truthfulness or importance to them of 34 statements about types of interactions within their group's dynamics. As there existed no group process instruments geared to the Toughlove context, I constructed questionnaire items, drawing on remarks from previous interviews with Toughlove members.

Items sought to assess empathy ("As parents, other members of this group are going through the same things I am"), assertiveness training ("By being a member of this group, I'm learning to speak up for my rights at home"), informational support ("I learn about approaches that have worked for other parents in the group"), separation ("The group helps me to see myself and my child as two separate people"), sense of community ("Other group members call me between meetings to see how I'm doing"), and therapeutic

process ("I participate in this group because the source of my problems is so complicated and obscure that I need the kind of help which only a trained professional can give me").

A subsequent factor analysis of subjects' responses suggested strong construct validity in the choice of these items. In addition to performing the factor analysis, I assigned individual subject scores for those factors, and calculated the means for responses to each statement.

I developed a second questionnaire, the "Inventory of Child's Behavior", which required each subject to report the estimated frequencies with which his or her teenager demonstrated any of several disruptive or illegal behaviors during the month prior to the subject's having joined Toughlove, and again during the most recent month. For this instrument, I adapted validated measures of delinquency from earlier research (Hindelang, Hirschi, and Weis, 1981), and descriptors of conduct disorder from the DSM-III-R (American Psychiatric Association, 1987), organized to measure behaviors in six areas: home, school, delinquency, drug abuse, crime, and contact with law-enforcement officials. I then calculated direction of change and means for pre- and post-Toughlove behaviors. Further, I performed an analysis which regressed individual subjects' factor scores (derived from the previous questionnaire) onto six changed behaviors.

Finally, a third questionnaire ("Information on Participant's Background") gathered demographic information.

RESULTS

The Sample

Individual subjects' response rate was 68%. Returning questionnaires for the study were 75 Toughlove members from groups in New Hampshire, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, Ohio, and Nevada. Ranging in age from 32 to 60, the majority (58%) were in the mid-life years of 40 to 48. Four times as many women (n=60) as men (n=15) responded. Almost a third are high school graduates, almost half have gone to college (from 1 to 4 years), and almost a fifth have done graduate work.

69% of the subjects are married (of whom 63% have been married for more than 20 years); 28% are divorced. Mean gross household income is \$48,400.

Catholics and Protestants each comprise 29% of this sample, and Jews are 14%. Of the 26% who indicate no religious affiliation as adults, three-fourths had been raised as Catholics. Not surprisingly, half the subjects describe themselves as politically moderate, and about one-fourth each claim conservative and liberal views.

Subjects report interesting clinical histories. As adults, an overwhelming majority (82%) had been in therapy prior to joining Toughlove, and only slightly fewer (72%) have been in therapy since joining. Of those who were in therapy prior to Toughlove, 20% quit therapy after joining the group.

31% of the subjects reported that while they were growing up, one or both of their parents were addicted to drugs or alcohol. Half as many subjects (15%) reported that they themselves had been addicted at some point before joining Toughlove. 12% claimed that both they and their parent(s) had been addicted.

Subjects informally rated their own parents' disciplinary styles as follows:

<u>DISCIPLINARY STYLE</u>	<u>%</u>
authoritarian	34
democratic	37
permissive	7
inconsistent	23

Of those parents who had been described as addicted, half were also rated "inconsistent"; of those rated "inconsistent", 71% were also described as addicted.

The Observation

Judges' ratings of the meeting transcripts revealed that *empathy* (including emotional support and sense of Toughlove community) represented 43% of the codable process variables. *Assertiveness training* (including informational support) represented another 40% of the variables. Interactions which encouraged *separation* from a child, reflected *organizational influences*, or helped members to *overcome guilt or shame* represented 10%, 6%, and 2% respectively. There were no interactions reflecting traditional *therapeutic processes* by which clients recognize the current impact of formative experiences and depend on a leader to gain insight or guidance. With at least two, and usually three, judges agreeing on each rated behavior, the inter-rater reliability for categorization of observed interactions was 86%.

The Questionnaires

Responses to the first questionnaire were subjected to a principal components analysis with no rotation (SAS, 1982), as shown in Table 1; its structure confirmed the coders' description of the Toughlove process. Six questions of the original 34 received such low weightings on all factors that they were dropped from the analysis, which was performed again without them. Based on four factors identified among the remaining 28 questions, subjects agreed most strongly (mean of 1.66) with items intended to measure *assertiveness training and informational support*. Agreement with items measuring

emotional support was barely lower (mean of 1.7). Items on *sense of community* garnered moderate agreement (mean of 2.45), and on measures of traditional *therapy* subjects moderately disagreed (mean of 3.65). That the variance accounted for by these four factors was not higher than 12% may be attributed to the large number of questions relative to the number of subjects, and to the considerable degree of overlap among factors involved in the Toughlove process.

Examining the same responses, a discrete cluster analysis--which assigned each response to only one cluster--provided an 80% confirmation of the factor analysis.

TABLE 1: Principal Components Analysis of Responses
to "Experience of Group Membership" Questionnaire

Assertiveness	Support	Therapy (-)	Community
Q19 (speak up) ¹	Q17 (go in my place) ³	Q1 (obscure) ⁴	Q10 (help not profs.)
Q16 (new ideas) ²	Q28 (childhood)	Q26 (interpretations) ⁵	Q25 (powerful)
Q32 (belonging)	Q31 (go with me)	Q3 (insights) ⁶	Q29 (call me)
Q4 (membs. support)	Q2 (help discipline)	Q10 (help not profs.)	Q33 (I led)
Q15 (help others)	Q30 (new approaches)	Q7 (set limits) (-)	Q8 (feel part)
Q2 (help discip.)	Q5 (hearing myself)	Q33 (I led) (-)	Q34 (I spoke)
Q22 (deserve resp.)	Q12 (structure)		
Q31 (go with me)	Q33 (I led)		
Q34 (I spoke)	Q24 (discip. for me)		
Q8 (feel part)			
Q7 (set limits)			
Q17 (go in my place)			
Q24 (discip. for me)			
Q9 (two people)			
Q33 (I led)			
Q30 (new approaches)			
Q11 (membs. want me)			
1 highest positive loading	3 third-highest positive loading	4 highest negative loading	
2 second-highest positive loading		5 second-highest negative loading	
		6 third-highest negative loading	

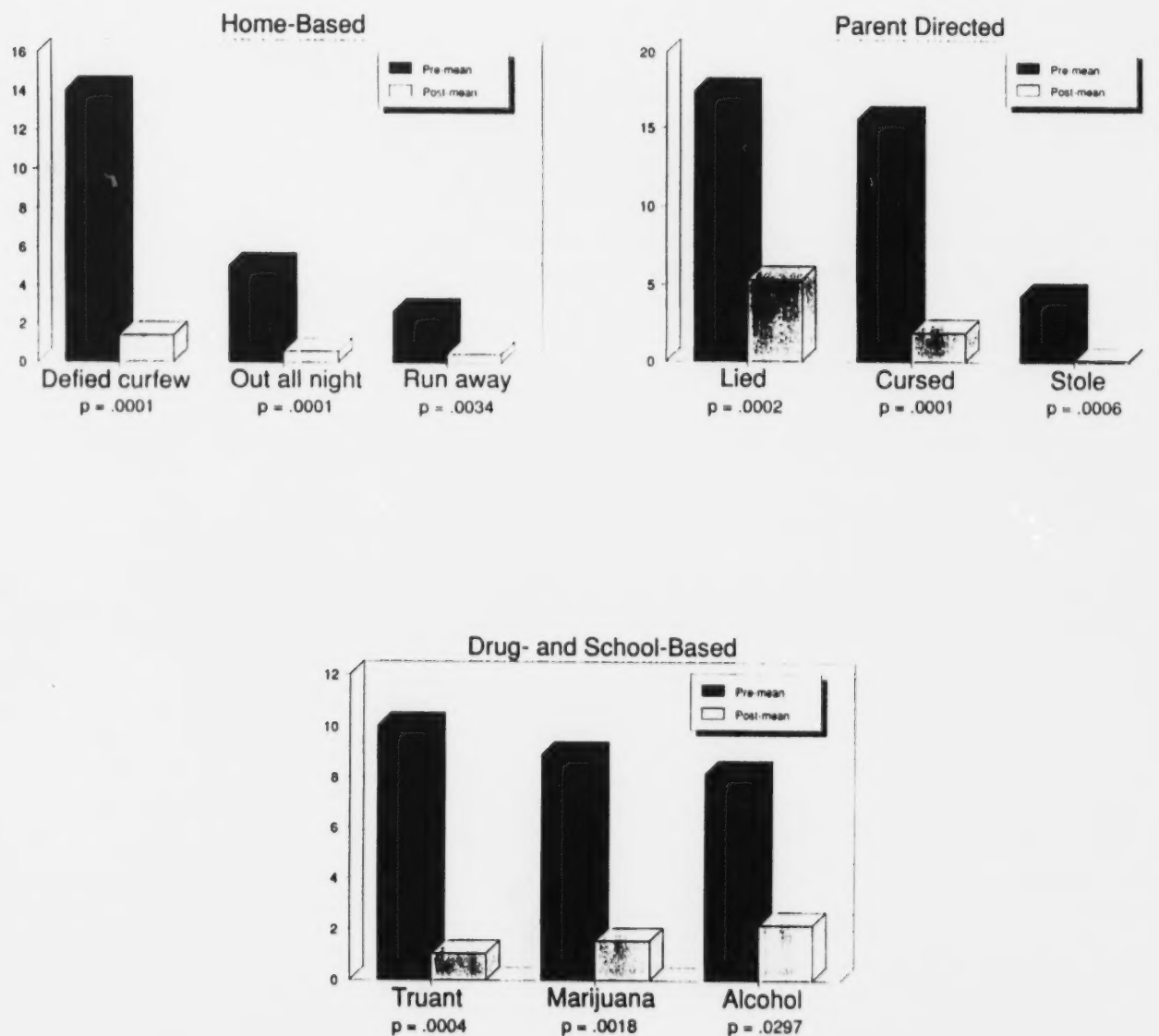
The "Inventory of Child's Behavior" proved problematic, as only half of the respondents (n=38) returned this questionnaire, and many behaviors were cited so infrequently that a good portion of the data were insufficient for analysis. This paucity of data may be explained by the complaints of some subjects that many of the target behaviors were inapplicable to their children, and that other behaviors were difficult to estimate. I analyzed an item only if it had garnered responses from more than 20 subjects.

Nevertheless, these responses can be taken to suggest significant changes in at least nine antisocial adolescent behaviors as measured, pre- and post-Toughlove, by group means and by individual report. Although this study made no attempt to establish the validity of their claims, subjects indicated that behaviors improved in 85% of the instances cited, worsened in 10%, and remained unchanged in 5%. Table 2 summarizes these findings, and subjects each behavior change to a simple T-test. Results are depicted graphically in Figure 1.

TABLE 2: Changes in Nine Antisocial Adolescent Behaviors
As Reported by Parents

BEHAVIOR	n	Pre- Mean	Post- Mean	Improve	Worsen	Same	T	P
defied a curfew	26	14.04	1.41	24	2	0	5.15	.0001
out all night	27	5.04	.61	24	3	0	4.63	.0001
run away	22	2.71	.46	17	5	0	3.22	.0034
lied to parent	30	17.43	5.33	26	2	2	4.35	.0002
stole from parent	22	4.32	.14	20	1	1	3.87	.0006
cursed parent	32	15.61	1.91	30	1	1	6.76	.0001
been truant	24	10.04	1.04	21	2	1	4.04	.0004
drunk liquor	21	8.19	2.19	13	4	4	2.32	.0297
used marijuana	23	8.91	1.55	18	2	3	3.52	.0018

FIGURE 1: Changes in Nine Antisocial Adolescent Behaviors
As Reported by Parents



Next, by summing across items included in each descriptive factor identified in the factor analysis, I calculated individual factor scores for those subjects who also returned the "Inventory of Child's Behavior". Using a multiple regression (simultaneous model), I then regressed these scores onto each of the six improved behaviors most frequently cited. Though the number of subjects involved render the results tentative, the analysis suggests that a parent's "community" score significantly predicted the child's behavioral improvement in the areas of violating curfew and staying out all night; and that a parent's "assertiveness" score significantly predicted improvement in lying and truancy. These findings are summarized in Table 3.

TABLE 3: Regression Analysis
of Factor Scores and Improved Behaviors

Improved Behavior	n	Assert	Support	Community	Assert & Support	Assert & Community	All
curfew	26	n.s.	n.s.	F=3.418 p<.08 β =-.168	n.s.	n.s.	n.s.
stay out	27	n.s.	n.s.	F=4.311 p<.05 β =-.084	n.s.	n.s.	n.s.
lied	30	F=10.467 p<.003 β =-.373	n.s.	n.s.	F=6.567 p<.005 β =-.405 (A) p<.002 β =-.184 (S) p<.15	F=5.073 p<.01 β =-.384 (A) p<.007 β =.019 (C) p<.85	F=4.356 p<.01 β =-.439 (A) p<.003 β =-.199 (S) p<.13 β =.053 (C) p<.60
cursed	32	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
truant	24	F=5.541 p<.03	n.s.	n.s.	F=2.650 p<.09 β =-.261 (A) p<.03 β =-.011 (S) p<.92	F=2.742 p<.09 β =-.253 (A) p<.04 β =-.032 (C) p<.70	n.s.
used pot	23	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.

Note: Because of the direction in which questions were scaled, negative β weights indicate a positive relationship.

For a second regression analysis, all six improved behaviors were collapsed into a global behavioral improvement. Parental factor scores were then regressed onto this global improvement. Here too, a parent's "community" and "assertiveness" scores predicted an adolescent's improvement.

DISCUSSION

This study documents Toughlove members as predominantly white, married, middle-aged, and from blue-collar or middle-class communities. That an overwhelming majority have availed themselves of traditional forms of therapy prior to joining Toughlove, and continue to do so thereafter, contradicts the belief held by some child psychologists that Toughlove members eschew or oppose clinical interventions; rather, many members describe Toughlove as providing a kind of service they have failed to receive from therapists, whom they nevertheless value for other purposes.

The rate of reported alcoholism and drug dependency among the parents of Toughlove members far exceeds the national average of 13.0% for alcohol, and 0.2% to 4.0% for other substances (American Psychiatric Association, 1987); nevertheless it was my expectation (and the belief of several group members) that a majority of the sample would so report. That only 31% of the subjects indicated their parents had been alcoholic or addicted--and that the upbringing of only 23% was described as inconsistent--belied my suspicion that these issues played a more central role in the eventual development of a parental style warranting the intervention of Toughlove, and suggests instead that larger and more pervasive cultural factors, such as those described by David and Phyllis York, are heavily involved.

In varying degrees, the study's four hypotheses appear to have been borne out. Although factor weightings relative to the first two (the roles of empathy and assertiveness training) are not precisely replicated between observation and questionnaire, the degree of convergent validity nonetheless established (by subjects identifying the prevalence of factors most often observed by judges) warrants the conclusion that assertiveness training and community support are key factors in the Toughlove process, and that they may be uniquely effective in changing certain antisocial adolescent behaviors.

Less salient were the first three variables involved in the third hypothesis (separation, overcoming guilt, and structural influences), which accounted for only 18% of observed interactions and which factor analysis subsumed into other, more dominant, factors. While these variables were certainly noted, their impact was apparently less central to the Toughlove process than I had suspected. Likewise, as predicted, a traditional therapeutic relationship played little part in the group's process.

Finally, positive behavior changes cited by parents are sufficiently dramatic to provide tentative confirmation of the fourth hypothesis, notwithstanding limitations imposed by retrospective self-report.

From this initial study, then, it would appear that Toughlove offers the experience of learning assertiveness within a supportive community--whose absence in the larger culture is implicated in the rise of out-of-control adolescent behaviors--and that

participants are thereby able to regain a measure of stability and control in their family lives.

Tasks for future research include the validation of parents' reports of their children's behavior, measures of assertiveness and self-esteem gained by group members, and a comparison of these results with those of a more traditional therapeutic approach.

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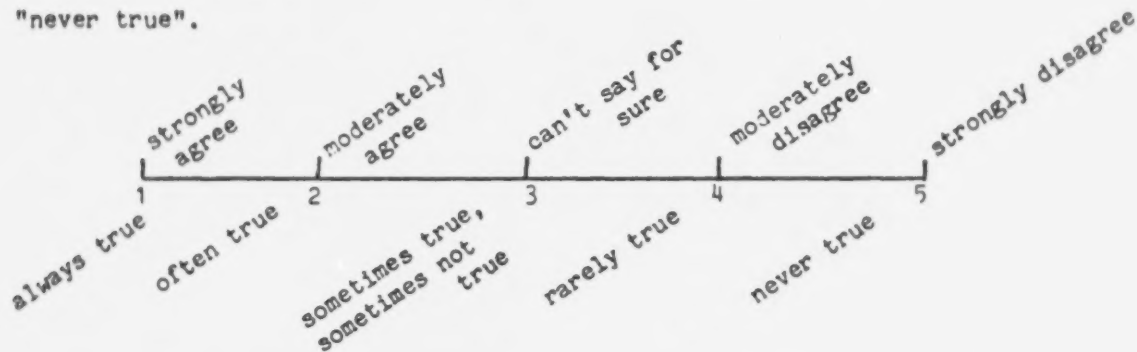
APPENDICES: QUESTIONNAIRES

YOUR CODE: 3975

QUESTIONNAIRE ON
THE EXPERIENCE OF GROUP MEMBERSHIP

Directions. On the next three pages, you will find a series of statements which express possible attitudes about membership in your group. Please read through all the items first, and then go back to the beginning and rate each item to reflect how strongly you agree or disagree with the item as a statement of your experience.

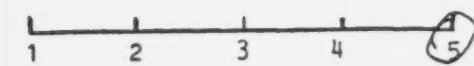
"1" means "I strongly agree" or "always true", as the case may be; "2" means "I moderately agree" or "often true"; "3" means "I can't say for sure" or "sometimes true, sometimes not"; "4" means "I moderately disagree" or "rarely true"; and "5" means "I strongly disagree" or "never true".



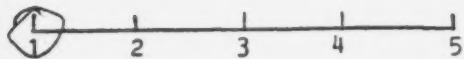
Ratings are done by circling the appropriate number on the scale next to each item. Please try to make use of the entire scale in the course of your answers. Refer back to these instructions as needed.

REMEMBER TO WRITE YOUR CODE NUMBERS OR LETTERS AT THE TOP OF EACH

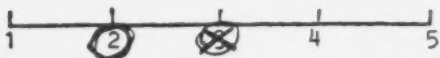
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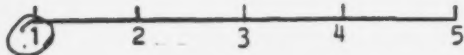
1. I participate in this group because the source of my problems is so complicated and obscure that I need the kind of help which only a trained professional can give me.



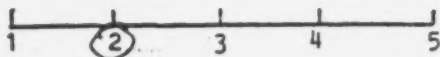
2. If I needed it, I could expect another group member to join me in confronting or disciplining my child.



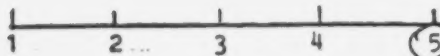
3. Usually, the group leader is the first to understand something about my problems, and then shares that insight with me.



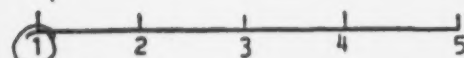
4. Other members give me the support I need to improve my interactions with my child.



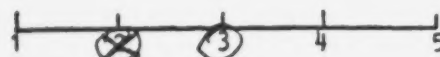
5. Hearing myself confronting other parents helps me to make changes in my own behavior.



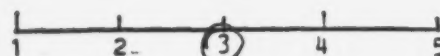
6. I sense that the group leader, or other group members, are helping me because they feel that I have failed as a parent.



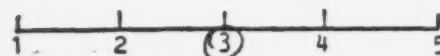
7. I am becoming more able to set limits on my child.



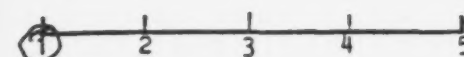
8. By being a member of this group, I feel I am part of a nationwide movement.



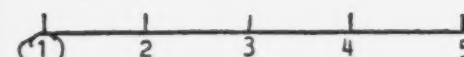
9. The group helps me to see myself and my child as two separate people.



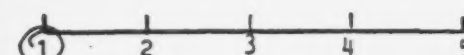
10. I participate in this group because it's easier to accept help from people who are not professionals.



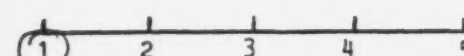
11. Other members believe I should set limits on my child.



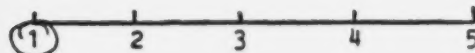
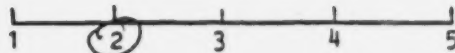
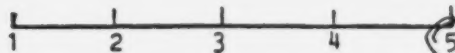
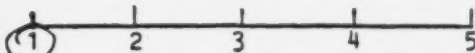
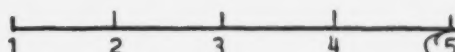
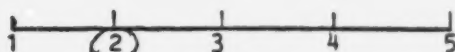
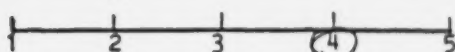
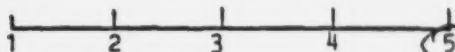
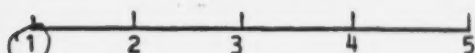
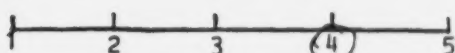
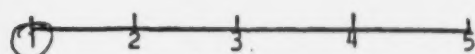
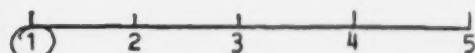
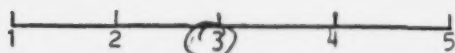
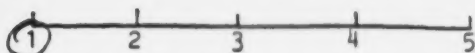
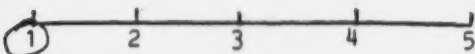
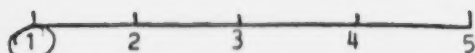
12. I can depend on each group meeting to adhere to an organized structure.



13. As parents, other members of this group are going through the same things I am.



14. In this group, I'm learning not to blame myself for my child's bad behavior.



15. I enjoy helping other group members whenever I can.
16. From this group, I get ideas about dealing with my child that I'd never thought of.
17. If I needed it, I could expect another group member to go in my place to a school, court, or agency to help me deal with my child.
18. I think the changes I am going through as a result of being in this group could be explained by well-established theories in clinical psychology.
19. By being a member of this group, I'm learning to speak up for my rights at home.
20. No one here sits in judgment of me.
21. In this group, I'm learning not to credit myself for my child's good behavior.
22. This group teaches me that I deserve respect.
23. It makes me feel ashamed to have needed this group.
24. If I needed it, I could expect another group member to confront or discipline my child in my place.
25. Coming to this group makes me feel more powerful.
26. For me, what's most important about this group are the interpretations of my behavior that I get from the group leader.
27. In this group, I get information about other resources available to me in the community.
28. This group helps me to realize that my problems have been caused mainly by experiences I went through as a child.
29. Other group members call me between meetings to see how I'm doing.
30. I learn about approaches that have worked for other parents in the group.

1 2 3 4 5
 ①

31. If I needed it, I could expect another group member to accompany me to a school, court, or agency to help me deal with my child.

1 2 3 4 5
 ②

32. As a member of this group, I have a feeling of belonging to a new community.

1 2 3 4 5
 ③

33. I have played a leadership role in this group.

1 2 3 4 5
 ②

34. I have spoken in the community about what this kind of group has to offer.

35. PLEASE DESCRIBE ANYTHING ELSE YOU FIND IMPORTANT ABOUT WHAT HAPPENS IN THIS GROUP:

Help is always available in a crisis -
we have called members late at night or
at dawn in an emergency, and others
have called us for help. It's like having
an extended family, and you never feel
alone. - Our Tough Love kids gradually
develop respect for the group and its
goals, and some have even recommended
it to their friends' parents)! - Tough Love
has given us back the daughters we
thought we had lost. It's the only thing
that ever helped.

Thank you.

BOSTON COLLEGE TOUGHLOVE STUDY: Inventory of Child's Behavior

This questionnaire asks you to rate the frequency of certain problem behaviors in your child, in the month prior to your joining Toughlove, and in the most recent month of Toughlove membership. We recognize that memory is never completely accurate and that your responses represent your best estimate. For any behavior not applicable to your child, leave the item blank.

<u>How many times had your child...</u>	<u>In the month prior to your joining Toughlove</u>	<u>In the most recent month (of Toughlove membership)</u>
H1) defied a curfew at home	10	none
H2) stayed out all night	8	"
H3) run away for more than one day	3	"
H4) lied to you	10 ?	"
H5) stolen from you	1 - 2	"
H6) cursed or threatened you	10	"
H7) hit you		
S1) been truant from school (part or all of a day)		
S2) been suspended or expelled from school		
S3) cursed or threatened a teacher or administrator		
DE1) committed vandalism to a car or building		
DE2) bought or accepted something he or she knew was stolen	4	none
DE3) cursed or threatened an adult (other than at home or at school)		
DE4) obtained alcohol by having an older person buy it		
DE5) posed as older than he or she was to buy alcohol or cigarettes 31		

→ Obtained alcohol & cigarettes
for under-age friends.

(CONTINUED)

<u>How many times had your child...</u>	<u>In the month prior to your joining Toughlove</u>	<u>In the most recent month (of Toughlove membership)</u>
DE6) forced someone into sexual activity with him or her		
DE7) been physically cruel to animals		
DR1) drunk hard liquor	30	none
DR2) used marijuana		
DR3) used cocaine, hallucinogens, or other hard drugs	30	none
DR4) sold drugs		
DR5) been drunk or high in school		
DR6) driven a car or motorcycle while drunk or high	4-5	none
C1) broken into, and stolen from, a house or other building		
C2) carried a knife, gun, or other weapon		
C3) broken into a car and stolen tape deck or radio		
C4) stolen a bicycle		
C5) stolen a car		
C6) set fire to a building intentionally		
C7) badly beaten up someone in a fight		
C8) resisted arrest		
O1) been arrested		
O2) been picked up and held without arrest		
O3) been questioned by police as a suspect in a crime		
O4) been caught shoplifting		
O5) been fined, sentenced, or put on probation by a court		

BOSTON COLLEGE TOUGHLOVE STUDY

Information on Participant's Background

The following questions will help us to place results within a larger social, economic, religious and political context. While several questions ask for sensitive personal information, you may be assured that your responses will remain both anonymous and confidential. If necessary, you may leave blank any question you prefer not to answer. But the more you feel you can disclose, the richer our understanding of Toughlove will be.

(1) Your age: 57

(2) Education (circle last full year completed):

less than 9	9	10	11	12	1 year college	2 years college	3 years college	4 years college	<u>grad. study</u>
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(3) Status (circle): single married or
living with partner* separated or
divorced widowed

* how long?

33 yrs.(4) Number of children: 3(5) List ages of children (and indicate gender): 32 (girl); 28 (boy); 26 (girl)(6) Your occupation: teacher(7) Your partner's occupation (if applicable): insurance rep.(8) Recent average yearly income for entire household (before taxes): \$ 48,000

(9) Your childhood religious background (circle):

Catholic	<u>Protestant</u>	Jewish	Other _____	none
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(10) Your current religious affiliation (circle):

Catholic	<u>Protestant</u>	Jewish	Other _____	none
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(11) In childhood, did you receive any form of counseling or therapy? YES ___ NO ✓

If YES, what kind? Individual _____

Family _____

How many different
counselors? _____How many different
counselors? _____

How long, total? _____

How long, total? _____

- (12) Prior to joining Toughlove, but as an adult, did you receive any form of counseling or therapy?

YES ☒ NO ☐

If YES, what kind? Individual ☐

Family ☒

How many different counselors? ☐

How many different counselors? 2

How long, total? ☐

How long, total? 3 yrs.

- (13) Since becoming a member of Toughlove, have you received any form of counseling or therapy?

YES ☐ NO ☒

If YES, what kind? Individual ☐

Family ☐

How many different counselors? ☐

How many different counselors? ☐

How long, total? ☐

How long, total? ☐

- (14) Prior to joining Toughlove, did you attempt any other kind of intervention, apart from your own individual or family therapy, that was prompted by your child's behavior?

YES ☒ NO ☐ If YES, specify intervention: PINS petition

What was the outcome? Helped for 1 yr.; at age 17, she was no longer eligible; behavior deteriorated again.

- (15) Prior to joining Toughlove, were you a member of any support group for people dealing with a family member's addiction to alcohol or drugs?

YES ☐ NO ☒

- (16) Since becoming a member of Toughlove, have you been a member of any support group for people dealing with a family member's addiction to alcohol or drugs?

YES ☒ NO ☐

- (17) When you were growing up, was either of your parents addicted to alcohol or drugs?

YES ☐ NO ☒

- (18) At any time in your life, have you been addicted to alcohol or drugs?

YES ☐ NO ☒

- (19) How would you describe yourself politically? (circle one)

extremely
conservative

conservative

moderate

liberal

extremely
liberal

- (20) By what style of parenting did your parents raise you? (circle one)

consistently strict
and authoritarian

consistently democratic
and fair, but firm

consistently
permissive

inconsistent

a little of both